

**COMMONWEALTH OF MASSACHUSETTS
MUNICIPAL POLICE TRAINING COMMITTEE
FIRST RESPONDER TRAINING PROGRAM**

P.O. 830

Westwood, MA 02090

Voice Mail/Pager 617-560-4199 – Fax 781-461-4501

E-mail: mraskin@brooklinepolice.com

APPLICATION FOR TRAINING – SEND TO ABOVE ADDRESS –MUST BE TYPED!!!

COURSE NAME: FIRST RESPONDER INSTRUCTOR INITIAL CERTIFICATION COURSE

COURSE DATE: January 8-12, 2007 at 9am daily **COURSE LOCATION:** Boylston Regional Police Academy

APPLICANT'S NAME: _____

LAST
FIRST
MI

HOME ADDRESS: _____

STREET	TOWN/CITY	ZIP

HOME PHONE: _____ **OFFICE PHONE:** _____

E-MAIL:_____ **SSN:**_____ **DOB:**_____

DEPARTMENT: _____ **RANK OR TITLE:** _____

DATE OF APPT: _____ **DATE OF RANK:** _____

EMPLOYMENT STATUS: **FULL-TIME** () **PART TIME** () **OTHER** ()

I HAVE ATTENDED PREVIOUS MPTC COURSES: YES () NO ()

I, _____, agree to comply with the rules and regulations set forth by the Municipal Police Training Committee with regard to its training programs and understand that I may be subject to dismissal from the program for infractions thereof. I also agree that in the case of accident or illness, the training staff may take whatever actions are deemed necessary to arrange for emergency medical services. In the case of illness or injury resulting from training, all necessary medical expenses will be borne by my sponsoring agency. I agree that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.

SIGNED: _____ **DATE:** _____

SPONSORING AGENCY: _____

AGENCY ADDRESS:_____

I, _____, approve this applicant for attendance at the above named training program and agree as the chief executive officer of the sponsoring agency to abide by the training regulations as established by the Municipal Police Training Committee, and understand that the program may include physical skills training. I stipulate that the applicant will be employed by the sponsoring agency during periods of the training. I agree as the chief executive officer of the sponsoring agency that the applicant shall be covered by emergency health care insurance during his participation in the training program activities, and also agree that in the case of illness or injury the training staff may take whatever actions are deemed necessary to arrange for emergency medical services. I agree that all issues of civil liability shall be determined in accordance with Chapter 258 of the General Laws of Massachusetts.

SIGNED: _____ **DATE:** _____

RANK OR TITLE: _____

IF THE APPLICANT IS FROM ANOTHER STATE OR POLITICAL SUBDIVISION THEREOF:

THE_____ **(Post Commission)** approves this applicant for the above listed training programs.

SIGNED: _____

RANK OR TITLE: _____ **DATE:** _____

Confirmed by _____ **Date** _____ **Will attend: Yes () No () SHARP: Entered by:** _____ **Date** _____